



BOB RILEY
GOVERNOR

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE**

State Fire Marshals Office
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WALTER A. BELL
COMMISSIONER

Acting State Fire Marshal
Richard W. Montgomery

APPLICATION FOR WEEKLY FIRE PUMP TEST PERMIT

**The fee of \$200.00, per person-per pump, for the non-transferable two-year permit
must accompany this application.**

In compliance with Alabama Department of Insurance Regulation Number 482-2-103, I hereby apply for a State Fire Marshal's Weekly Fire Pump Test Permit to perform the weekly test required by the National Fire Protection Association Standard for Water Based Fire Protection Systems NFPA 25. I have been trained, tested, and certified to perform these tests and understand that the first test performed on the fire pump, identified below, each year must be witnessed and approved by the fire protection sprinkler contractor responsible for the overall maintenance of this pump and system.

APPLICANT'S NAME: _____ (REQUIRED)
DOB _____

EMPLOYER/FIRE PUMP OWNER: _____

PHYSICAL ADDRESS OF EMPLOYER: _____
ADDRESS, CITY, STATE, ZIP CODE

TELEPHONE NUMBER: _____ () _____

PHYSICAL ADDRESS OF FIRE PUMP: _____
ADDRESS, CITY, STATE, ZIP CODE

UNIQUE SERIAL NUMBER OR LOCATION OF THIS FIRE PUMP: _____

FIRE PROTECTION SPRINKLER CONTRACTOR RESPONSIBLE FOR OVERALL MAINTENANCE OF
THIS PUMP & SYSTEM: _____

Applicant's Signature/Date

Supervisor's Signature/Date

FOR STATE FIRE MARSHALS OFFICE USE ONLY!

VERIFICATION APPLICANT WAS TRAINED, TESTED, AND CERTIFIED TO PERFORM WEEKLY FIRE PUMP TEST –

Equal Opportunity Employer